

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No.
1. PLACE OF DEATH		County <u>Cochise</u> State <u>ARIZONA</u>		Registered No. <u>1</u>
Township <u>24-S</u>		City <u>Douglas</u> or Village <u>Galumet Hospital</u>		Ward
Length of residence in city or town where death occurred		No. <u>1/24</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)		St.
2. FULL NAME <u>Robert L Grantham</u>		How long in U. S. of foreign birth? yrs. mos. ds.		How long in state when death occurred? yrs. mos. ds. <u>42</u>
(a) Residence: No. <u>Pearce, Arizona</u>		St. <u>Arizona</u> Ward		(If non-resident give city or town and state)
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>		
5a If married, widowed, or divorced HUSBAND of <u>Musette Grantham</u> (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) <u>1-3-1872</u>				
7. AGE	Years <u>67</u>	Months <u>-</u>	Days <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant & Rancher</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Himself</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1-1-39</u>			
	11. Total time (years) spent in this occupation <u>12</u>			
12. BIRTHPLACE (city or town) <u>Miss</u> (State or Country)				
MOTHER	13. NAME <u>Wesley Grantham</u>			
	14. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country)			
	15. MAIDEN NAME <u>Sarah Bird</u>			
	16. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country)			
17. INFORMANT <u>Musette Grantham</u> (Address) <u>Pearce, Arizona</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pearce, Ariz</u> Date <u>1-6-39</u>				
19. EMBALMER License No. <u>238-A</u> Signature <u>Gordon Brown</u> FUNERAL DIRECTOR <u>Porter & Ames 29-A</u> Address <u>Douglas, Arizona</u>				
20. Filed <u>Jan 5 1939</u> Registrar <u>E. Adamson</u>				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>1-5-1939</u>				
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 5 1939</u> to <u>Jan 5 1939</u> , 19 <u>39</u> last saw <u>deceased</u> alive on <u>Jan 5 1939</u> ; death is said to have occurred on the date stated above, at <u>3-45 AM</u> .				
The principal cause of death and related causes of importance were as follows: <u>Coronary Occlusion</u> Date of Onset <u>12/27/38</u>				
Other contributory causes of importance:				
Name of operation Date of				
What test confirmed diagnosis? <u>Obituary</u> Were an autopsy? <u>no</u>				
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19 <u>39</u>				
Where did injury occur? (Specify city or town, county and State)				
Specify whether injury occurred in industry, in home, or in public place.				
Manner of injury				
Nature of injury				
24. Was disease or injury in any way due to occupation of deceased?				
If so, specify				
(Signed) <u>P. R. Brown</u> (Address) <u>Douglas, Arizona</u>				